Substitute for form 1449/PTO (Revised 07/2007)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)  Sheet 1 of 1				Complete if Known					
				Application Number			10/583,393		
				Filing Date			June 19, 2006		
				First Named Inventor Art Unit			Derya Olgen		
							2618		
				Examiner Name			A 4-137 37	<b>-</b> C	
				Attorney Docket Nu		umber	Adel Y. Youssef umber   042933/312023		
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/A.Y./	2	2 CN 1072300 A		05/19/1993		Goeke	en, et al.		*Counter- part of EP 0610313
Examiner	- 1	/Adel Yousse	f/			Date		11/19/2	at Ref. 1
Signature						dered	I	er, communication to	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.